Local Enforcement Agency Grant Budget Report

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Grantee:						Grant #:		
Proposed Final Final						Grant Amount:		
Purchases (Equipment, 1	Education	Materials, Transportat	tion, Misc.)		Pro	posed Budget:		
Recipient/Vendor	I	Purpose/Category	Invoice #	Date	Check #	Amount	Actual	LEA Grant
							-	
							_	
							-	
							_	
					Total	\$ -	\$ -	
					Total	Ψ -	Ψ	
Services (Analysis/Evalu	ation/Test	ing, Maintenance, Misc	: .)		Pro	posed Budget:		
Recipient/Vendor	I	Purpose/Category	Invoice #	Date	Check #	Amount	Actual	LEA Grant
							-	
							= - -	
							-	
							= -	
							-	
					Total	\$ -	\$ -	
Personnel (Administrati	ve, Consul	tation, R.E.H.S. Salary	, Misc.)		Pro	posed Budget:		
Employee Name/ Position Title	Job #	Purpose/Activity	Date	Hours	Hourly Rate	Amount	Actual	LEA Grant
Tosition Title	300 π	1 urpose/Activity	Date	Hours	Rate	Amount	Actual	LLA Giant
						-	-	
						-	-	
						-	_	
						-		
						_		
							-	
						-	-	
						-	_	
						-	-	
						-		
					Total	\$ -	\$ -	

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Training (Conferences/Meetings, 7	Travel, Misc.)	Proposed Budget:							
Employee Name/	T)	D. (A 1	I E A C				
Position Title	Purpose	Date	Amount	Actual	LEA Grant				
				_					
				_					
				-					
				-					
		Tota	1 \$ -	\$ -					
If advance is requested, please identi	fy how interest		Grand Tota	1 \$ -	\$ -				
earned will be used.	ry now interest		Grand Total	Ψ	4				
			Interest Ear	ned on Advance					
If there are any changes to the propo	sed budgets, please explain b	pelow.							
			_						
			_						
			_						
			_						
			_						
									
			_						
Certification:									
I declare, under penalty of perjury ur	ider the laws of the State of (California, that the above is tr	ue and accurate	to the best of my	knowledge.				
Signature of Primary Contact	Date	Signature of Signature A	Authority		Date				

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Instructions for Budget Report

This form must be used to report proposed and actual LEA Grant Program expenditures. Please use the check boxes to indicate which budget report is being submitted.

To fill out the form, tab through each field and enter the appropriate information. At the end of the form, ensure that appropriate signatures are acquired.

When submitting the <u>Proposed Budget</u> report fill out: (see example)

- 1. Top section (Grantee, Grant #, Proposed Checkbox, Grant Amount)
- 2. Proposed Budget for applicable expenditures (Purchases, Services, Personnel, and Training)
- 3. Use of interest earned from advance payment (if applicable)
- 4. Appropriate signatures and date signed

When submitting the <u>Final Budget</u> report fill out: (see example)

- 1. Top section (Grantee, Grant #, Final Checkbox, Grant Amount)
- 2. Proposed Budget for applicable expenditures (Purchases, Services, Personnel, and Training)
- 3. Expenditure details (totals will be automatic, <u>please enter amount LEA Grant will be charged</u>)
 Attach all necessary reports and reference to them if there is not enough space and provide the total amount for that section
- 4. Use of interest earned from advance payment (if applicable)
- 5. Amount of interest earned on advance payment (if applicable)
- 6. Explain any changes to the proposed budget (if applicable)
- 7. Appropriate signatures and date signed



ABC County

Grantee:

Local Enforcement Agency Grant Budget Report

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Proposed Final □							Grant Amount:	\$ 10,000.00
Purchases (Equipment, E	Education	Materials, Transportati	on, Misc.)		Pro	posed Budget:	\$	2,500.00
Recipient/Vendor]	Purpose/Category	Invoice #	Date	Check #	Amount	Actual	LEA Grant
					Total	\$ -	\$ -	
Services (Analysis/Evalu	ation/Test	ting, Maintenance, Misc	.)		Pro	posed Budget:	\$	1,000.00
Recipient/Vendor]	Purpose/Category	Invoice #	Date	Check #	Amount	Actual	LEA Grant
					Total	\$ -	\$ -	
Personnel (Administrative Employee Name/	ve, Consul	Itation, R.E.H.S. Salary,	Misc.)		Pro Hourly	posed Budget:	\$	5,000.00
Position Title	Job#	Purpose/Activity	Date	Hours	Rate	Amount	Actual	LEA Grant
						-		
						-		
						-		
						-		
						-		
						-		
						-		
						-		
						_		
	1	1			Total	\$ -	\$ -	
					20001	•	<u> </u>	<u>I</u>

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Training (Conferences/Meetings,	Гravel, Misc.)	Pro	posed Budget:	\$	1,500.00
Employee Name/					
Position Title	Purpose	Date	Amount	Actual	LEA Grant
		Total	\$ -	\$ -	
		Total	Ф -	φ -	
If advance is requested, please identice earned will be used.	ify how interest		Grand Total	\$ -	\$ -
Personnel Costs			Interest Earn	ed on Advance	
If there are any changes to the propo	osed budgets, please explain below.		-		
			-		
			-		
			-		
Certification:					
I declare, under penalty of perjury un	nder the laws of the State of California, th	at the above is tru	e and accurate to	o the best of my	knowledge.
Signature of Primary Contact	Date	ature of Signature Au	ıthority	\longrightarrow	Date

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Local Enforcement Agency Grant Budget Report

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antee:	ABC C	County				Grant #:		EA-19-		
oposed □ Final □	>						Gra	ant Amount:	\$ 1	10,000.0
rchases (Equipment, E	Education	n Materials, Transportatio	on, Misc.)		Pro	posed Budget:	\$			2,500.0
Recipient/Vendor		Purpose/Category	Invoice #	Date	Check #	Amount		Actual	I.F	EA Gran
Manuals Etc.	Reference	e Manual/Education Material	1001	12/6/08	10023	500.00		1101441		27 1 0141
Equipped Inc.		Equipment: vests, boots etc.	2002	1/5/09	10234	2,000.00	-			
					Total	\$ 2,500.00	\$	2,500.00	\$	2,500.
vices (Analysis/Evalu	ation/Tes	sting, Maintenance, Misc.))		Pro	posed Budget:	\$			1,000.
Recipient/Vendor		Purpose/Category	Invoice #	Date	Check #	Amount		Actual	<u>L</u> E	EA Grai
Testing Co.		soil testing	4001	5/5/09	12345	1,100.00				
							- - -			
							-			
					Total	\$ 1,100.00	\$	1,100.00	\$	1,000.
	ve, Consu	ıltation, R.E.H.S. Salary, l	Misc.)		Pro	\$ 1,100.00 posed Budget:		1,100.00	\$	1,000. 5,000.
rsonnel (Administrativ Employee Name/ Position Title	ve, Consu		Misc.) Date	Hours	-	,		1,100.00 Actual		·
Employee Name/ Position Title Jon Smith	Job#	Purpose/Activity	Date 7/7/08-		Pro Hourly Rate	posed Budget: Amount				5,000.
Employee Name/ Position Title Jon Smith Envir. Health Specialist			Date 7/7/08-10/18/08	Hours 25.00	Pro Hourly	posed Budget:				5,000.
Employee Name/ Position Title Jon Smith Envir. Health Specialist Jon Smith	Job #	Purpose/Activity solid waste inspections	Date 7/7/08- 10/18/08 8/1/08-	25.00	Pro Hourly Rate	posed Budget: Amount 750.00				5,000.
Employee Name/ Position Title Jon Smith Envir. Health Specialist Jon Smith Envir. Health Specialist	Job#	Purpose/Activity	Date 7/7/08- 10/18/08 8/1/08- 1/5/09		Pro Hourly Rate	posed Budget: Amount				5,000.
Employee Name/ Position Title Jon Smith Envir. Health Specialist Jon Smith Envir. Health Specialist Jon Smith Envir. Health Specialist	Job #	Purpose/Activity solid waste inspections	Date 7/7/08- 10/18/08 8/1/08- 1/5/09 2/7/09- 6/1/09	25.00	Pro Hourly Rate	posed Budget: Amount 750.00				5,000.
Employee Name/ Position Title Jon Smith Envir. Health Specialist Jon Smith Envir. Health Specialist Jon Smith	Job # 4444 4444	Purpose/Activity solid waste inspections data collection	Date 7/7/08- 10/18/08 8/1/08- 1/5/09 2/7/09-	25.00 45.00	Pro Hourly Rate 30.00	Amount 750.00				5,000.
Employee Name/ Position Title Jon Smith Envir. Health Specialist Jon Smith Envir. Health Specialist Jon Smith Envir. Health Specialist Jane Doe	Job # 4444 4444 4444	Purpose/Activity solid waste inspections data collection consultation	Date 7/7/08- 10/18/08 8/1/08- 1/5/09 2/7/09- 6/1/09 4/6/09-	25.00 45.00 40.00	Pro Hourly Rate 30.00 30.00	Amount 750.00 1,350.00 1,200.00				5,000
Employee Name/ Position Title Jon Smith Envir. Health Specialist Jon Smith Envir. Health Specialist Jon Smith Envir. Health Specialist Jane Doe	Job # 4444 4444 4444	Purpose/Activity solid waste inspections data collection consultation	Date 7/7/08- 10/18/08 8/1/08- 1/5/09 2/7/09- 6/1/09 4/6/09-	25.00 45.00 40.00	Pro Hourly Rate 30.00 30.00	Amount 750.00 1,350.00 1,200.00 2,025.00				5,000.
Employee Name/ Position Title Jon Smith Envir. Health Specialist Jon Smith Envir. Health Specialist Jon Smith Envir. Health Specialist Jane Doe	Job # 4444 4444 4444	Purpose/Activity solid waste inspections data collection consultation	Date 7/7/08- 10/18/08 8/1/08- 1/5/09 2/7/09- 6/1/09 4/6/09-	25.00 45.00 40.00	Pro Hourly Rate 30.00 30.00	Posed Budget: Amount 750.00 1,350.00 1,200.00 2,025.00				5,000.
Employee Name/ Position Title Jon Smith Envir. Health Specialist Jon Smith Envir. Health Specialist Jon Smith Envir. Health Specialist Jane Doe	Job # 4444 4444 4444	Purpose/Activity solid waste inspections data collection consultation	Date 7/7/08- 10/18/08 8/1/08- 1/5/09 2/7/09- 6/1/09 4/6/09-	25.00 45.00 40.00	Pro Hourly Rate 30.00 30.00	Posed Budget: Amount 750.00 1,350.00 1,200.00 2,025.00				5,000.
Employee Name/ Position Title Jon Smith Envir. Health Specialist Jon Smith Envir. Health Specialist Jon Smith Envir. Health Specialist Jane Doe	Job # 4444 4444 4444	Purpose/Activity solid waste inspections data collection consultation	Date 7/7/08- 10/18/08 8/1/08- 1/5/09 2/7/09- 6/1/09 4/6/09-	25.00 45.00 40.00	Pro Hourly Rate 30.00 30.00	Posed Budget: Amount 750.00 1,350.00 1,200.00 2,025.00				5,000.

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Training (Conferences/Meeti	ings, Travel, Misc.)	Pro	posed Budget:	\$	1,500.00
Employee Name/					,
Position Title	Purpose	Date	Amount	Actual	LEA Grant
Jon Smith	1	12/8/08-			
Envir. Health Specialist	LEA Conference, airfare, hotel, per diem	12/11/08	1,500.00		
		Total_	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00
If advance is requested, please	identify how interest		Grand Total	\$ 10,425.00	\$ 10,250.00
earned will be used.					
Personnel	Costs		Interest Earne	ed on Advance	\$ 250.00
If there are any changes to the	proposed budgets, please explain below.				
Changes are due to under estimate					
Changes are due to under estimate	es of the proposed budget	_			
		_			
Certification:					
I declare, under penalty of perj	jury under the laws of the State of California, that	the above is true	and accurate to	the best of my	knowledge.
Signature of Primary Contact	Date Signatu	re of Signature Aut	thority		Date

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